

**COMMON APPLICATION FORM FOR DEBT AND LIQUID SCHEMES (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

\* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)						
	1st Applicant / Guardian / Authorised Signatory		2nd Applicant / Authorised Signatory		3rd Applicant / Authorised Signatory	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)**

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

**1. PARTICULARS OF FIRST APPLICANT**

(SEE NOTE 1)

☐ I confirm that I am a **First time** investor across Mutual Funds

☐ I confirm that I am an **existing** investor in Mutual Funds

**EXISTING FOLIO NO.**

(For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

**Name** (Mr./Ms./M/s.)

**Gender** ☐ Male ☐ Female ☐ Other (Third Gender) **Date of Birth**
**Father's Name**
**Spouse's Name**
**Name of Guardian / Name of Contact Person** (in case of Minor) (in case of Institutional Investor)

**Relationship of Guardian in case of Minor** (Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)) ☐ Father ☐ Mother ☐ Legal Guardian

(In case of Minor, please fill the following details of Guardian)

**Email ID**
**Mobile No.**

County Code

Please register your E-mail address &amp; Mobile number to get alerts &amp; communication via E-mail &amp; SMS.

**Telephone (O)**

County Code

**Mandatory Enclosures** ☐ PAN Proof ☐ KYC Acknowledgement

**Telephone (R)**

County Code

**Type of address given at KRA** ☐ Residential ☐ Business ☐ Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA &amp; notify the changes.

**PAN**
**PAN Exempt KYC Ref no (PEKRN for Micro investments) -**

Type of Identification Document given at KRA

**AADHAAR No**

Identification Document No.

Document Issuing Country

**Occupation (Please ✓)** ☐ Professional ☐ Business ☐ Government Service ☐ Private Sector Service ☐ Public Sector Service ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Doctor ☐ Others [Please specify]

**Gross Annual Income in Rs. (Please tick (✓)):** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Cr. ☐ > 1 Cr. **OR**
**Networth in Rs.** as of (date)

**Politically Exposed Person [PEP] :** ☐ Yes ☐ No ☐ Related to PEP

**For Non-individuals :** Is the entity involved / providing any of the following services ☐ Yes ☐ No

 - For Foreign Exchange / Money Changer Services ☐ Yes ☐ No - Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) ☐ Yes ☐ No

 - Money Lending / Pawning ☐ Yes ☐ No

**NOTE:** Non-individual applicants should mandatorily fill Annexure - I alongwith this form.

**2. PARTICULARS OF SECOND APPLICANT**

(SEE NOTE 1 &amp; 2)

**Name** Mr./Ms./M/s.

**Gender** ☐ Male ☐ Female ☐ Other (Third Gender) **Date of Birth**
**Father's Name**
**Spouse's Name**
**Type of address given at KRA** ☐ Residential ☐ Business ☐ Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA &amp; notify the changes.

**Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form**

TEAR HERE

**ACKNOWLEDGEMENT SLIP**  
 To be filled in by the Investor

APPLICATION NO.

(To be filled in by the First applicant/Authorised Signatory) :

Received from :

 Stamp  
 Signature  
 & Date

Scheme Name	Plan (✓)	Option (✓)	Dividend Facility (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer			
Attachments				All purchases are subject to realisation of cheque / demand draft		

PAN		Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement									
AADHAAR No		PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____									
		Type of Identification Document given at KRA _____									
		Identification Document No. _____									
		Document Issuing Country _____									
Occupation (Please (✓))	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify] _____										
Gross Annual Income in Rs. (Please tick (✓)): <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr. <b>OR</b>											
Networth in Rs. _____ as of (date) <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Politically Exposed Person [PEP] : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP											

### 3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)

Name										
Mr./Ms./M/s.										
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Third Gender)	Date of Birth <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Father's Name										
Spouse's Name										
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office									
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.										

PAN		Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement									
AADHAAR No		PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____									
		Type of Identification Document given at KRA _____									
		Identification Document No. _____									
		Document Issuing Country _____									
Occupation (Please (✓))	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify] _____										
Gross Annual Income in Rs. (Please tick (✓)): <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr. <b>OR</b>											
Networth in Rs. _____ as of (date) <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Politically Exposed Person [PEP] : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP											

### 4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Proprietor)

#### DETAILS OF FIRST APPLICANT

Country of Birth	Place of Birth
Nationality	
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type* (TIN or Other, please specify)

\* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

#### DETAILS OF SECOND APPLICANT

Country of Birth	Place of Birth
Nationality	
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number*	Identification Type* (TIN or Other, please specify)

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

TEAR HERE

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

#### Investment Manager :

SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI & AMUNDI)  
9th Floor, Crescenzo, C-38 & 39,  
G Block, Bandra Kurla Complex,  
Bandra (East), Mumbai – 400 051  
Tel: 022- 61793511  
Email: customer.delight@sbimf.com

#### Registrar:

Computer Age Management Services Pvt. Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai – 600 002  
Tel: 044 – 28881101 / 36  
Email: enq\_L@camsonline.com  
Website: www.camsonline.com

DETAILS OF THIRD APPLICANT

Country of Birth

Place of Birth

Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number*	Identification Type * (TIN or Other, please specify)

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.  
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

5. GENERAL INFORMATION – Please ( ✓ ) wherever applicable (SEE NOTE 1 m & n)

Tax Status (Please (✓))

Mode of Holding (✓)

☐ Resident Individual

☐ Resident Minor (through Guardian)

☐ NRI (Repatriable)

☐ NRI (Non-Repatriable)

☐ NRI– Minor (Repatriable)

☐ NRI – Minor (Non-Repatriable)

☐ Pension and Retirement Fund

☐ Financial Institutions

☐ Sole-Proprietor

☐ Public Limited Company

☐ Private Limited Company

☐ Body Corporate

☐ Partnership Firm

☐ FII / FPI

☐ HUF

☐ Bank

☐ Government Body

☐ Society

☐ Trust

☐ NPS Trust

☐ Fund of Fund

☐ Gratuity Fund

☐ AOP

☐ BOI

☐ NGO

☐ LLP

☐ PIO

☐ NPO

Others

[Please specify]

[Please specify]

☐ Single

☐ Joint

☐ Any one or Survivor

6. CONTACT DETAILS (SEE NOTE 1 )

Local Address of 1st Applicant

City

State

Address for Correspondence for NRI Applicants only ( Please (✓) ) Indian by Default

Foreign

Foreign Address  
(Mandatory for NRI / FII )

City

Country

Pin

Zip

7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)

Name of Bank

Branch Name and Address

City

Account No.

9 digit MICR Code

IFS Code

(This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

Account Type (Please ✓)

☐ Savings

☐ NRO

☐ FCNR

☐ Current

☐ NRE

☐ Others

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

☐ One time Investment

☐ Systematic Investment Plan (SIP) (if Yes, please tick any one)

☐ PDC  
(Incase of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)

☐ Direct Debit / NACH  
(In case of SIP through Direct Debit/NACH it is mandatory to submit SIP Enrolment Form and One Time Debit Mandate Form)

Scheme Name

Plan (Please ✓ )

Option (Please ✓ )

Dividend Facility (Please ✓ )

Dividend Frequency

☐ Regular

☐ Direct

☐ Growth

☐ Dividend

☐ Reinvestment

☐ Payout

☐ Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.

Scheme / Plan / Option

☐ Daily

☐ Weekly

☐ Fortnightly

☐ Monthly

☐ Quarterly

☐ Annually

Cheque / DD Amount (Rs.)

Drawn on Bank and Branch

Cheque / D.D. No. & Date

Investment Amount (Rs. in Figures)

Investment Amount (Rs. in Words)

For third party cheques please see Note 3 vii.

9. STP ENROLLMENT DETAILS Opted for STP: ☐ Yes ☐ No (If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)

**10. DEMAT ACCOUNT DETAILS**

**If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory).** Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)										Central Depository Services (India) Limited (CDSL)									
Depository Participant Name										Depository Participant Name									
DP ID No.										Target ID No.									
Beneficiary Account No.																			

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

**11. ONLY FOR SBI MAGNUM CHILDREN'S BENEFIT PLAN (SEE NOTE 1 I)**

Name of Mother (Mrs/Ms)																													
Name of Applicant (If different from Parent/Legal Guardian)																													
LOCK IN (Please ✓) : <input type="checkbox"/> Required <input type="checkbox"/> Not Required										REDEMPTION OPTION (Please ✓) <input type="checkbox"/> Lump-sum <input type="checkbox"/> Staggered										Nomination of an alternate child* (Please ✓) <input type="checkbox"/> Required <input type="checkbox"/> Not Required									
Name of Alternate Child																													
Date of Birth of alternate child										Relationship to the Magnum Holder																			

**12. ONLY FOR SBI REGULAR SAVINGS FUND (SEE NOTE 1 I)**

<b>GOOD HEALTH DECLARATION :</b> I declare that I am in sound health, do not have any physical defect/deformity, perform my routine activities independently and, that I have never suffered or have been suffering, or have been hospitalized for any critical illness® or a condition requiring medical treatment for a critical illness, as on date. I hereby declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue averment be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I hereby agree to your conveying the above particulars regarding my admission into the Group Insurance Scheme to SBI Life. I also permit SBI Life to approach me directly for any clarification and / or other purposes. ® Critical Illness is defined as follows: The life to be insured should not: i. have suffered or be suffering from cancer, ii. be taking treatment for heart disease, iii. have undergone or have been advised medically to undergo chest and/or heart surgery within the following six months, iv. have irreversible kidney and/or irreversible liver failure, v. have suffered or be suffering from paralysis, vi. have undergone or been advised to undergo, a major organ transplantation such as heart, lung, liver or kidney, vii. have suffered or be suffering from AIDS or venereal diseases.															Signature of Applicant				
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**13A. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign point 13 B.) (SEE NOTE 10)**

Name of the Nominee										⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)									
Name of the Guardian																			
Percentage																			
Relationship																			
Date of Birth* D D M M Y Y Y Y																			
Address of Nominee/ Guardian																			

**13B. NOMINATION : I do not wish to nominate any person at the time of making the investment.**

Signature																			
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**14. DECLARATION (SEE NOTE 11) :** I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) \* as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) \*\* I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (viii) \*\*\* I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (xi) I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xii) Towards compliance with tax information sharing laws, such as FATCA/CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same.

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs; \*\*\* Applicable to "Micro investments"

SIGNATURE(S) (ALL Applicants must sign)		⊗										⊗										⊗									
		1st Applicant / Guardian / Authorised Signatory										2nd Applicant / Authorised Signatory										3rd Applicant / Authorised Signatory									
Date												Place																			